FORM B10 (Official Form 10) (4/01) UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF WISCONSIN PROOF OF CLAIM Case Number: This space is for Court Use Only Name of Debtor: NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that Name of Creditor (The person or other entity to whom the anyone else has filed a proof of debtor owes money or property): claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never Name and address where notices should be sent: received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope Telephone number: sent to you by the court. Account or other number by which creditor identifies debtor: Check here replaces if this claim amends a previously filed claim, dated: 1. Basis for Claim Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Goods Sold Services performed Your SS#: _____ ___ Money loaned Personal injury/wrongful death Unpaid compensation for services performed Taxes from ____to _ Other (Date) 2. Date debt was incurred: 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 5. Secured Claim. 6. Unsecured Priority Claim. Check this box if your claim is secured by collateral Check this box if you have an unsecured priority claim (including a right of setoff). Amount entitled to priority \$ Specify the priority of the claim: Brief Description of Collateral: Wages, Salaries, or commissions (up to \$4,650),*earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). Real Estate Motor Vehicle Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Other Up to \$2,100* of deposits toward purchase, lease, or rental of property or Value of Collateral: \$ services for personal, family, or household use - 11 U.S.C. § 507 (a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child -Amount of arrearage and other charges at time case filed 11 U.S.C. §507(a)(7). included in secured claim, if any: \$ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. 7. Credits: The amount of all payments on this claim has been credited and deducted for the THIS SPACE IS FOR COURT USE ONLY purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien.
DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.